

Department of Highway Safety and Motor Vehicles

CERTIFICATION OF ADDRESS

I do hereby certify that

First Middle Last

Date of birth _____

Resides with me at

(street, state, zip code)

<input type="checkbox"/> <i>Home owner</i>	<input type="checkbox"/> <i>Parent/Step-Parent</i>	<input type="checkbox"/> <i>Shelter</i>
<input type="checkbox"/> <i>Guardian</i>	<input type="checkbox"/> <i>Transient</i>	<input type="checkbox"/> <i>Other</i> _____

Signature of Addressee

Print Name of Addressee

Date
